

Washington State Institute for Public Policy

Benefit-Cost Results

Holistic Harm Reduction Program (HHRP+)

Benefit-cost estimates updated July 2015. Literature review updated May 2014.

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our technical documentation.

Program Description: The Holistic Harm Reduction Program (HHRP+), also called Holistic Health Recovery Program, is a manualized treatment for those with drug abuse or dependence who are HIV positive. The primary goals of HHRP+ are harm reduction, health promotion, and improving quality of life. These goals are achieved by providing the knowledge, motivation, and skills necessary to make choices that reduce harm to oneself and others. HHRP+ also addresses medical, emotional, social, and spiritual problems that can impede harm reduction. The treatment is generally provided in 12 group sessions. In the reviewed studies, HHRP+ was provided in addition to methadone treatment and standard counseling.

Benefit-Cost Summary								
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Participants	\$696	Benefit to cost ratio	\$4.72					
Taxpayers	\$459	Benefits minus costs	\$2,983					
Other (1)	\$209	Probability of a positive net present value	56 %					
Other (2)	\$2,421							
Total	\$3,784							
Costs	(\$801)							
Benefits minus cost	\$2,983							

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

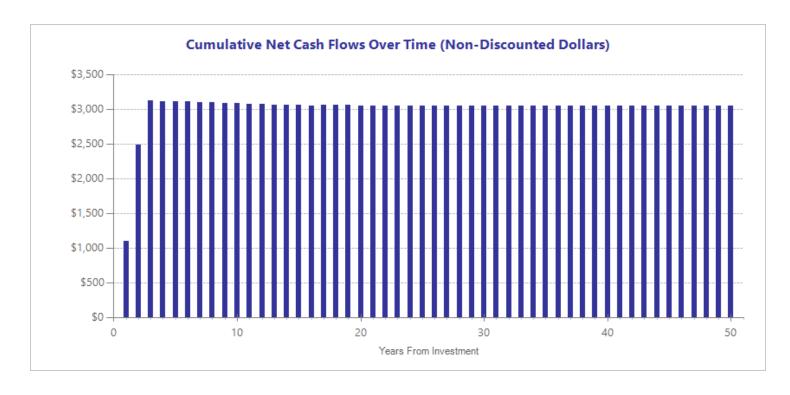
Detailed Monetary Benefit Estimates Benefits to Source of benefits **Participants Taxpayers** Other (1) Other (2) Total benefits From primary participant \$22 \$72 \$105 Crime \$0 \$11 Labor market earnings (illicit drug abuse/dependence) \$669 \$286 \$0 \$2.731 \$3.686 Health care (illicit drug abuse/dependence) \$26 \$152 \$136 \$79 \$393 Adjustment for deadweight cost of program \$0 \$0 \$0 (\$401)(\$401) \$696 \$459 \$209 \$2,421 \$3,784 Totals

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Cost Estimates									
	Annual cost	Program duration	Year dollars	Summary statistics					
Program costs Comparison costs	\$789 \$0	1 1	2013 2013	Present value of net program costs (in 2014 dollars) Uncertainty (+ or - %)	(\$801) 25 %				

The cost of treatment is the weighted average cost of the additional group therapy sessions provided in the studies included in the analysis. We calculate this average cost using Washington's Medicaid hourly reimbursement rate for outpatient group therapy times the weighted average of total hours of outpatient group therapy across the studies. The costs of the intervention are in addition to the costs of methadone treatment and standard counseling provided to both the treated and comparison groups in the reviewed studies.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary participant No. of effect sizes	effect	Treatment N	Unadjusted effect size (random effects model)		Adjusted effect sizes and standard errors used in the benefit- cost analysis					
		sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Illicit drug abuse or dependence	Primary	2	153	-0.311	0.031	-0.311	0.144	39	0.000	0.187	42
STD risky behavior	Primary	2	153	-0.260	0.053	-0.260	0.134	39	0.000	0.000	40

Citations Used in the Meta-Analysis

Avants, S.K., Margolin, A., Usubiaga, M.H. & Doebrick, C. (2004). Targeting HIV-Related Outcomes With Intravenous Drug Users Maintained on Methadone: A Randomized Clinical Trial of a Harm Reduction Group Therapy. *Journal of Substance Abuse Treatment, 26*(2), 67-78.

Margolin, A., Avants, S.K., Warburton, L.A., Hawkins, K.A. & Shi, J. (2003). A Randomized Clinical Trial of a Manual-Guided Risk Reduction Intervention for HIV-Positive Injection Drug Users. *Health Psychology*, 22(2), 223-228.

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Washington State Institute for Public Policy

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